SUBMAT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138 + + + 100 Shoreland APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stary (Reigivet) ENICHED

25000 T Permit #: Date: Amount Paid:

- Brytisk cours 2018

STORY OF THE PROPERTY OF THE P 6 600

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. Bayfield Co. Zoning Desp

☐ Non-Shoreland	VShoreland →		section <u>//</u> O	1/4,	LOCATION	PROJECT			Authorized Agent: (Pers	Contractor:	Address of Property:	707	Owner's Name:	TYPE OF PERMIT REQUESTED →	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O MOT START CONSTRUCT
	X is Property/Land within 1000 feet of Lake, Pond or Flowage	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue	Section 10, Township 47 N, Range 8 W	1/4 Gov't Lot Lot(s)	TRADE COMMENTER. COO. CO. C.	and Description: (I)se Tax Statement)			Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor: 498353	1305 WILD WOD CAMPGROUND Rd.		wher's Name: N.M.BERLET A. PARIS CONT. O. O.D.	UESTED▶ □ LAND USE □ SAN		O NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
	ke, Pond or Flowage If yescontinue	er, Stream (incl. Intermittent) If yescontinue>	TRON RIVER	1500 V9 P. 220		04-	PIN: (23 dipits)		-+	Contractor Phone: PI 715292 3158	TRON RIVE	City/State/7ip:	4305 670 1 000 00 00 00 00 00 00 00 00 00 00 00	SANITARY L PRIVY L		APPLICANI.
	Distance Structure is from Shoreline:	Distance Structure is from Shoreline:	IVER	LOUS) NO. DIOUNS) NO.	4				Agent Mailing Address (include City/State/Zip):	Plumber: GARLAND PLUMBNERG	TRON RIVER, WI. 54847			City/State/Zip		
	oreline :	-	azicata		Subdivision:	Volume	Recorded Docum		State/Zip):	BNAK	77		(M),54847		SPECIAL LISE BOA	
	Yes Fino	in Are	2.%	Acrosso		Page(s)	Recorded Document: (i.e. Property Ownership)	□ Yes □ No	Written Authorization Attached	715 3742824	T. Dr.	Cell Phone:	218 393 5325	윤	⊃ A □ OTHER	

	Height:	Width: 28	٠, دې	Length:		ition:	
	Height: 25	Width: 14	2	Length: 62	r is relevant to it)	Exitating Structure: (if permit being applied for is relevant to it)	Evicting Structure
[None			The state of the s	1111 1111 1111 1111 1111 1111 1111 1111 1111	
		☐ Compost rollet			X Foundation	Property	
	(1)	Portable (W/service contract)	None		□ No Basement	☐ Run a Business on	
-	Vadiced (milit 200 gallon)	□ Privy (Pit) or □ vauiter			☐ Basement	Relocate (existing bldg)	10,000
(ype:	Sanitary (Exists) Specify Type:	3		☐ 2-Story	☐ Conversion	-000 075 S
\ \vec{vec}	/pe: CO 1 * V	X (New) Sanitary Specify Type: 101-1	X 2	X Year Round	☐ 1-Story + Loft	☐ Addition/Alteration	•
(X	Seasonal	X 1-Story	New Construction	
City		Municipal/City		-			material
	₹;	Is on the property?	bedrooms		and/or basement		donated time &
Water	stem	Sewer/Sanitary System	of	Use	# of Stories	Project	of Completion
	•	What Type of	#	10 (6) vol. (2) vol. (3)			Value at Time

Proposed Construction:			1	(
Promoted Use	、	Proposed Structure	Dimensions	Square Footage
1.000000		Principal Structure (first structure on property)	(14 × 62)	868
	<u></u>		X	
	[with Loft LXLS TIME	(35×28)	840
Residential Use		with a Porch	X	
>		with (2 nd) Porch	X	
		with a Deck	×	
		with (2 nd) Deck	× × ×	
☐ Commercial Use		with Attached Garage & XISTIR	1 30 x 28 1	240
		Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	×	
		Mobile Home (manufactured date)	× ×	000
	×	Addition/Alteration (specify) PROPOSITO	(Z8 x 3Z)	0/6
☐ Municipal Use		Accessory Building (specify) EQUIPMENT SHED PLISTIFE)	(02 × 72)	6
		Accessory Building Addition/Alteration (specify)	,	
	Ď		<	
Hec'd for Issualium		Special Use: (explain)	×	
		Conditional Use: (explain)	×	
		Other: (explain)	(x	

Authorized Agent:		(If there are Multiple Owners listed		may be a result of Bayfield County relying on this information i (we) am and reasonable time for the purpose of the party and a care	Secrolarial Staff Livel bectare that this application fincluding are an (are) responsible for the detail and accuracy	
(notice this application)		Owner(s): Very Company this application) (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)		this information (we) aim jaire) providing, in or more than the for the purpose of the period.	Secretarial Staff FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES	
	Date	•	Date 3/// //.		ES ES inistering county ordinances to have access to the liability white instering county ordinances to have access to the liability white instering county ordinances to have access to the liability which instering county ordinances to have access to the liability which instering county ordinances to have access to the liability with the liability with the liability which is access to the liability with the liability with the liability which is access to the liability with the liability which is accessed to the liability which is access to the liability which is accessed to the liability which is acces	

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

100 tos

Attach

Copy of Tax Statement

purchased the property send your Recorded Deed

old For Sanitary: Hold For TBA:	gnature of Inspector	Condition(s): Town, Committee or Board Conditions A	Appliton	Yes No Case #: Was Parcel Legally Created Aves Was Proposed Building Site Delineated Wes	hip Yes	Permit #: 5-0/7,3	(9) Stake or Mark Proposed I NOTICE: All Land Use For The Construction Of Nev The	nor to the placement or construction of a structure more than an previously surveyed comer to the other previously surveyed tarked by a licensed surveyor at the owner's expense.	Setback to Privy (Portable, Composting) Trior to the placement or construction of a structure within ten (10) feet of the minimum retire previously surveyed comer or marked by a licensed surveyor at the owner's expense.	Setback to Septic Tank or Holding Tank Setback to Drain Field	Setback from the East Lot Line	Setback from the North Lot Line Setback from the South Lot Line	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	Description	Please complete (1) — (7) above (prior to continuing) (8) Setbacks: (measured to the closest point)		Sakachad	(1) Show Location of: (2) Show / Indicate: (3) Show Location of {*}: (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):
Hold For Affidavit:		Attached? I Yes I No -(If No they need)	LONG MEN	- No (CS)	ere I in the server of the collection	Reason for Den Permit Date:	Partion(s) of New Construction, Septic Ta Permits Expire One (1) Year from the Date one & Two Family Dwelling: ALL Municipality call Town, Village, City, State or Federal age of Sanitary Number:	for to the placement of construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback muse previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed arked by a licensed surveyor at the owner's expense.	Feet	Feet Setback to Well	Eleva	Feet Setb) Feet	7	continuing) ne closest point)			Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
Hold For Fees:	Date	ATUS.	trum	Yes No Case #: Were Property Lines Represented by Owner Yes	□ No Affidavit		(ST). Drain field (DE), Holding Tank (HT), Priv (ST), Drain field (DE), Holding Tank (HT), Priv (Stuance if Construction or Use has not begun. Are Required To Enforce The Uniform Dwelling ies may also require permits.	iired setback, the boundary line from which the setback must mpass from a known corner within 500 feet of the proposed si	dary line from which the setback must be measured must be visible from o	to Well	Stope Area on property ation of Floodplain	from Wetland	Setback from the Lake (ordinary high-water mark) Setback from the River, Stream, Creek Setback from the Bank or Bluff	Description	Changes in plans must be approved by t			ontage Road) Id (DF); (*) Holding Tank (HT) and/or (*) Pri
	Date of Approval: $(\ell_{\ell}-2-1)$	Re-Inspection:	10mm 12mm 12mm 12mm 12mm 12mm 12mm 12mm	No ONO	Required Xyes □ No Attached Xyes □ No	5-20-15	rity (P), and Well (W). Ing Code.	ist be measured must be visible from	n one previously surveyed corner to the	Feet	XYes No		75 Feet lO Feet	Measurement	y the Planning & Zoning Dept.			w (p)

